

400-00-7507
Description: Married filing separately, over 65 with Social Security, Direct Debit
Forms: AZ-140, 301, 305, 310, 321, 322, 328, 202, 8453
PATS Info
AZ-140: Income from W2, 1099R and Social Security
Supports Parents or Ancestors
Pima County pension exclusion
Wages of American Indians
Balance Due with Direct Debit
Married Filing Separately Allocation Record

For the year Jan. 1-Dec. 31, 2006, or other tax year beginning

, 2006, ending

, 20

OMB. No. 1545-0074

Label

(See instructions on page 16.)

Use the IRS label. Otherwise, please print or type.

Presidential Election Campaign

Your first name and initial

Last name

TEST O

THREE

If a joint return, spouse's first name and initial

Last name

Home address (number and street). If you have a P.O. box, see page 16.

Apt. no.

121 TORCH ST

City, town or post office, state, and ZIP code. If you have a foreign address, see page 16.

FORT MOHAVE

AZ

86426

Your social security number

400-00-7507

Spouse's social security number

118-98-9748

You must enter your SSN(s) above.

Checking a box below will not change your tax or refund.

Check here if you, or your spouse if filing jointly, want \$3 to go to this fund (see page 16)

X

You

Spouse

Filing Status

Check only one box.

1 Single

2 Married filing jointly (even if only one had income)

3 X Married filing separately. Enter spouse's SSN above and full name here.

JULIA THREE

4 Head of household (with qualifying person). (See page 17.) If the qualifying person is a child but not your dependent, enter this child's name here.

5 Qualifying widow(er) with dependent child (see page 17)

Exemptions

6 a X Yourself. If someone can claim you as a dependent, do not check box 6a

Boxes checked on 6a and 6b

1

b Spouse

No. of children on 6c who:

c Dependents:

(1) First name

Last name

(2) Dependent's social security number

(3) Dependent's relationship to you

(4) Check if qualifying child for child tax credit (see pg 19)

WENDY

THREE

400-55-7599

Parent

lived with you
did not live with you due to divorce or separation (see page 20)

Dependents on 6c not entered above

1

Add numbers on lines above

2

d Total number of exemptions claimed

Income

Attach Form(s) W-2 here. Also attach Forms W-2G and 1099-R if tax was withheld.

If you did not get a W-2, see page 22.

Enclose, but do not attach, any payment. Also, please use Form 1040-V.

7 Wages, salaries, tips, etc. Attach Form(s) W-2

7

8,500

8 a Taxable interest. Attach Schedule B if required

8a

32,482

b Tax-exempt interest. Do not include on line 8a

8b

15,699

9 a Ordinary dividends. Attach Schedule B if required

9a

16,166

b Qualified dividends (see page 23)

9b

14,377

10 Taxable refunds, credits, or offsets of state and local income taxes (see page 23)

10

11 Alimony received

11

12 Business income or (loss). Attach Schedule C or C-EZ

12

13 Capital gain or (loss). Attach Schedule D if required. If not required, check here

13

9,084,670

14 Other gains or (losses). Attach Form 4797

14

15 a IRA distributions

15a

b Taxable amount (see page 25)

15b

16 a Pensions and annuities

16a

b Taxable amount (see page 25)

16b

10,000

17 Rental real estate, royalties, partnerships, S corporations, trusts, etc. Attach Schedule E

17

18 Farm income or (loss). Attach Schedule F

18

19 Unemployment compensation

19

20 a Social security benefits

20a

15,000

b Taxable amount (see page 27)

20b

12,750

21 Other income.

21

22 Add the amounts in the far right column for lines 7 through 21. This is your total income

22

9,164,568

Adjusted Gross Income

23 Archer MSA deduction. Attach Form 8853

23

24 Certain business expenses of reservists, performing artists, and fee-basis government officials. Attach Form 2106 or 2106-EZ

24

25 Health savings account deduction. Attach Form 8889

25

26 Moving expenses. Attach Form 3903

26

27 One-half of self-employment tax. Attach Schedule SE

27

28 Self-employed SEP, SIMPLE, and qualified plans

28

29 Self-employed health insurance deduction (see page 30)

29

30 Penalty on early withdrawal of savings

30

31 a Alimony paid b Recipient's SSN

31a

32 IRA deduction (see page 31)

32

33 Student loan interest deduction (see page 33)

33

34 Jury duty pay you gave to your employer

34

35 Domestic production activities deduction. Attach Form 8903

35

36 Add lines 23 through 31a and 32 through 35

36

37 Subtract line 36 from line 22. This is your adjusted gross income

37

9,164,568

Tax and Credits**Standard Deduction for—**

● People who checked any box on line 39a or 39b or who can be claimed as a dependent, see page 36.

● All others:
Single or Married filing separately, \$5,150

Married filing jointly or Qualifying widow(er), \$10,300

Head of household, \$7,550

38	Amount from line 37 (adjusted gross income)	38	9,164,568
39a	Check <input checked="" type="checkbox"/> You were born before January 2, 1942, <input type="checkbox"/> Blind. Total boxes checked <input type="checkbox"/> 39a <input type="checkbox"/> 1 if: <input type="checkbox"/> Spouse was born before January 2, 1942, <input type="checkbox"/> Blind.		
b	If your spouse itemizes on a separate return or you were a dual-status alien, see pg 35 & check here 39b <input type="checkbox"/>		
40	Itemized deductions (from Schedule A) or your standard deduction (see left margin)	40	6,150
41	Subtract line 40 from line 38	41	9,158,418
42	If line 38 is over \$112,875, or you provided housing to a person displaced by Hurricane Katrina, see page 37. Otherwise, multiply \$3,300 by the total number of exemptions claimed on line 6d	42	2,200
43	Taxable income. Subtract line 42 from line 41. If line 42 is more than line 41, enter -0-	43	9,156,218
44	Tax (see page 37). Check if any tax is from: a <input type="checkbox"/> Form(s) 8814 b <input type="checkbox"/> Form 4972	44	1,932,599
45	Alternative minimum tax (see page 39). Attach Form 6251	45	
46	Add lines 44 and 45	46	1,932,599
47	Foreign tax credit. Attach Form 1116 if required	47	
48	Credit for child and dependent care expenses. Attach Form 2441	48	
49	Credit for the elderly or the disabled. Attach Schedule R	49	
50	Education credits. Attach Form 8863	50	
51	Retirement savings contributions credit. Attach Form 8880	51	
52	Residential energy credits. Attach Form 5695	52	
53	Child tax credit (see page XX). Attach Form 8901 if required	53	
54	Credits from: a <input type="checkbox"/> Form 8396 b <input type="checkbox"/> Form 8839 c <input type="checkbox"/> Form 8859	54	
55	Other credits: a <input type="checkbox"/> Form 3800 b <input type="checkbox"/> Form 8801 c <input type="checkbox"/> Form	55	
56	Add lines 47 through 55. These are your total credits	56	
57	Subtract line 56 from line 46. If line 56 is more than line 46, enter -0-	57	1,932,599

Other Taxes

58	Self-employment tax. Attach Schedule SE	58	
59	Social security and Medicare tax on tip income not reported to employer. Attach Form 4137	59	
60	Additional tax on IRAs, other qualified retirement plans, etc. Attach Form 5329 if required	60	
61	Advance earned income credit payments from Form(s) W-2	61	
62	Household employment taxes. Attach Schedule H	62	
63	Add lines 57 through 62. This is your total tax	63	1,932,599

Payments

If you have a qualifying child, attach Schedule EIC.

64	Federal income tax withheld from Forms W-2 and 1099	64	
65	2006 estimated tax payments and amount applied from 2005 return	65	1,000
66a	Earned income credit (EIC)	66a	
b	Nontaxable combat pay election 66b <input type="checkbox"/>		
67	Excess social security and tier 1 RRTA tax withheld (see page 59)	67	
68	Additional child tax credit. Attach Form 8812	68	
69	Amount paid with request for extension to file (see page 59)	69	
70	Payments from: a <input type="checkbox"/> Form 2439 b <input type="checkbox"/> Form 4136 c <input type="checkbox"/> Form 8885	70	
71	Credit for federal telephone excise tax paid. Attach Form 8913 if required	71	
72	Add lines 64, 65, 66a, and 67 through 71. These are your total payments	72	1,000

Refund

Direct deposit? See page 59 and fill in 74b, 74c, and 74d, or Form 8888.

73	If line 72 is more than line 63, subtract line 63 from line 72. This is the amount you overpaid	73	
74a	Amount of line 73 you want refunded to you. If Form 8888 is attached, check here <input type="checkbox"/>	74a	
b	Routing number <input type="text"/>	c Type: <input type="checkbox"/> Checking <input type="checkbox"/> Savings	
d	Account number <input type="text"/>		
75	Amount of line 73 you want applied to your 2007 estimated tax	75	

Amount You Owe

76	Amount you owe. Subtract line 72 from line 63. For details on how to pay, see page 60	76	1,931,599
77	Estimated tax penalty (see page 60)	77	

Third Party Designee

Do you want to allow another person to discuss this return with the IRS (see page 61)? ☐ Yes. Complete the following. ☒ No

Designee's name	Phone no.	Personal identification number (PIN)
<input type="text"/>	<input type="text"/>	<input type="text"/>

Sign Here

Joint return? See page 17.
Keep a copy for your records.

Under penalties of perjury, I declare that I have examined this return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

Your signature	Date	Your occupation	Daytime phone number
<input type="text"/>	<input type="text"/>	INVESTMENT SPECIALIST	
Spouse's signature. If a joint return, both must sign.	Date	Spouse's occupation	928-555-1020
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Paid Preparer's Use Only

Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	Preparer's SSN or PTIN
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Firm's name (or yours if self-employed), address, and ZIP code	EIN		
<input type="text"/>	<input type="text"/>		
			Phone no.
			<input type="text"/>

Name(s) shown on Form 1040. Do not enter name and social security number if shown on page 1.

Your social security number

TEST O THREE

400-00-7507

Schedule B-Interest and Ordinary Dividends

Attachment
Sequence No. 08Part I
Interest

- 1 List name of payer. If any interest is from a seller-financed mortgage and the buyer used the property as a personal residence, see page B-1 and list this interest first. Also, show that buyer's social security number and address ▶

(See page B-1 and the instructions for Form 1040, line 8a.)

Statement # 1

54,101

Note. If you received a Form 1099-INT, Form 1099-OID, or substitute statement from a brokerage firm, list the firm's name as the payer and enter the total interest shown on that form.

INTEREST SUBTOTAL 54,101
 NOMINEE DISTRIBUTION 3,200
 ACCRUED INTEREST 950
 TAX-EXEMPT INTEREST 15,699
 OID ADJUSTMENT 1,770

- 2 Add the amounts on line 1 2

32,482

- 3 Excludable interest on series EE and I U.S. savings bonds issued after 1989. Attach Form 8815 3

- 4 Subtract line 3 from line 2. Enter the result here and on Form 1040, line 8a ▶ 4

32,482

Note: If line 4 is over \$1,500, you must complete Part III.Part II
Ordinary Dividends

- 5 List name of payer ▶

(See page B-1 and the instructions for Form 1040, line 9a.)

Statement # 2

16,596

Note. If you received a Form 1099-DIV or substitute statement from a brokerage firm, list the firm's name as the payer and enter the ordinary dividends shown on that form.

DIVIDEND SUBTOTAL 16,596
 NOMINEE DISTRIBUTION 430

- 6 Add the amounts on line 5. Enter the total here and on Form 1040, line 9a ▶ 6

16,166

Note: If line 6 is over \$1,500, you must complete Part III.Part III
Foreign Accounts and Trusts

You must complete this part if you (a) had over \$1,500 of taxable interest or ordinary dividends; or (b) had a foreign account; or (c) received a distribution from, or were a grantor of, or a transferor to, a foreign trust.

- 7a At any time during 2006, did you have an interest in or a signature or other authority over a financial account in a foreign country, such as a bank account, securities account, or other financial account? See page B-2 for exceptions and filing requirements for Form TD F 90-22.1

Yes No

X

- b If "Yes," enter the name of the foreign country ▶

(See page B-2.)

- 8 During 2006, did you receive a distribution from, or were you the grantor of, or transferor to, a foreign trust? If "Yes," you may have to file Form 3520. See page B-2

X

SCHEDULE D
(Form 1040)

Department of the Treasury
Internal Revenue Service (99)

Name(s) shown on Form 1040

Capital Gains and Losses

▶ **Attach to Form 1040 or Form 1040NR.** ▶ **See Instructions for Schedule D (Form 1040).**
▶ **Use Schedule D-1 to list additional transactions for lines 1 and 8.**

D1 7/20/06

OMB No. 1545-0074

2006

Attachment
Sequence No. **12**

Your social security number
400-00-7507

TEST O THREE

Part I Short-Term Capital Gains and Losses - Assets Held One Year or Less

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Yr., mo., day)	(c) Date sold (Yr., mo., day)	(d) Sales price (see page D-6 of the instructions)	(e) Cost or other basis (see page D-7 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
1 STCGL					2,791,175
2 Enter your short-term totals, if any, from Schedule D-1, line 2		2			
3 Total short-term sales price amounts. Add lines 1 and 2 in column (d)		3	5,099,005		
4 Short-term gain from Form 6252 and short-term gain or (loss) from Forms 4684, 6781, and 8824				4	
5 Net short-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				5	
6 Short-term capital loss carryover. Enter the amount, if any, from line 10 of your Capital Loss Carryover Worksheet on page D-7 of the instructions				6	()
7 Net short-term capital gain or (loss). Combine lines 1 through 6 in column (f)				7	2,791,175

Part II Long-Term Capital Gains and Losses - Assets Held More Than One Year

(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Yr., mo., day)	(c) Date sold (Yr., mo., day)	(d) Sales price (see page D-6 of the instructions)	(e) Cost or other basis (see page D-7 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
8 PQR	20031202	20060316	15,000	16,600	(1,600)
STU	20020814	20060617	2,575	2,000	575
VWX		85010000	6,272,005		6,272,005
RUG	19880327	20060815	25,000	3,000	22,000
9 Enter your long-term totals, if any, from Schedule D-1, line 9		9			
10 Total long-term sales price amounts. Add lines 8 and 9 in column (d)		10	6,314,580		
11 Gain from Form 4797, Part I; long-term gain from Forms 2439 and 6252; and long-term gain or (loss) from Forms 4684, 6781, and 8824				11	
12 Net long-term gain or (loss) from partnerships, S corporations, estates, and trusts from Schedule(s) K-1				12	
13 Capital gain distributions. See page D-1 of the instructions				13	515
14 Long-term capital loss carryover. Enter the amount, if any, from line 15 of your Capital Loss Carryover Worksheet on page D-6 of the instructions				14	()
15 Net long-term capital gain or (loss). Combine lines 8 through 14 in column (f). Then go to Part III on page 2				15	6,293,495

Part III Summary

16 Combine lines 7 and 15 and enter the result. If line 16 is a loss, skip lines 17 through 20, and go to line 21. If a gain, enter the gain on Form 1040, line 13, or Form 1040NR, line 14. Then go to line 17 below	16	9,084,670
17 Are lines 15 and 16 both gains? <input checked="" type="checkbox"/> Yes. Go to line 18. <input type="checkbox"/> No. Skip lines 18 through 21, and go to line 22.		
18 Enter the amount, if any, from line 7 of the 28% Rate Gain Worksheet on page D-8 of the instructions	18	22,016
19 Enter the amount, if any, from line 18 of the Unrecaptured Section 1250 Gain Worksheet on page D-9 of the instructions	19	99
20 Are lines 18 and 19 both zero or blank? <input type="checkbox"/> Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 38 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). Do not complete lines 21 and 22 below. <input checked="" type="checkbox"/> No. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Schedule D Tax Worksheet on page D-10 of the instructions. Do not complete lines 21 and 22 below.		
21 If line 16 is a loss, enter here and on Form 1040, line 13, or Form 1040NR, line 14, the smaller of: <div style="display: flex; align-items: center;"> <div style="margin-right: 10px;"> <ul style="list-style-type: none"> • The loss on line 16 or • (\$3,000), or if married filing separately, (\$1,500) </div> <div style="font-size: 3em; margin-right: 10px;">}</div> <div style="border-bottom: 1px dotted black; flex-grow: 1;"></div> </div>	21	()
Note: When figuring which amount is smaller, treat both amounts as positive numbers.		
22 Do you have qualified dividends on Form 1040, line 9b, or Form 1040NR, line 10b? <input type="checkbox"/> Yes. Complete Form 1040 through line 43, or Form 1040NR through line 40. Then complete the Qualified Dividends and Capital Gain Tax Worksheet on page 38 of the Instructions for Form 1040 (or in the Instructions for Form 1040NR). <input type="checkbox"/> No. Complete the rest of Form 1040 or Form 1040NR.		

YOUR FIRST NAME AND INITIAL 1 TEST O		LAST NAME THREE		YOUR SOCIAL SECURITY NO. 400-00-7507	
IF A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL 1		LAST NAME		SPOUSE'S SOCIAL SECURITY NO. 118-98-9748	
PRESENT HOME ADDRESS-NUMBER AND STREET, RURAL ROUTE APT. NO. 2 121 TORCH ST		DAYTIME PHONE (with area code) 928-555-1020		89 <input checked="" type="checkbox"/> X	
CITY, TOWN OR POST OFFICE STATE ZIP CODE 3 FORT MOHAVE, AZ 86426		HOME PHONE (with area code) 94		Check this box if: 82F <input type="checkbox"/> Filing under extension	

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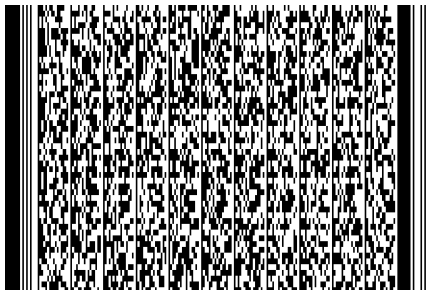
4 <input type="checkbox"/> Married filing joint return
5 <input type="checkbox"/> Head of household - name of qualifying child or dependent ▶
6 <input checked="" type="checkbox"/> Married filing separate return. Enter spouse's Social Security Number above and full name here ▶ JULIA THREE
7 <input type="checkbox"/> Single

FOR DOR USE ONLY

8 01 Age 65 or over (you and/or spouse)	88
9 00 Blind (you and/or spouse)	
10 00 Dependents. From page 2, line A2 - do not include self or spouse.	
11 01 Qualifying parents and ancestors of your parents. From page 2, line A5.	81

80

THIS BOX MAY BE BLANK OR MAY CONTAIN A PRINTED BARCODE OF DATA FROM YOUR RETURN



12 Federal adjusted gross income	12	9,164,568	00
13 Additions to income (from page 2, line B13)	13	15,699	00
14 Add lines 12 and 13	14	9,180,267	00
15 Subtractions. No. from line C27a: 151	15	4,617,309	00
16 Arizona AGI. Line 14 minus line 15	16	4,562,958	00
17 17 <input checked="" type="checkbox"/> ITEMIZED 17 <input type="checkbox"/> STANDARD	17	22,176	00
18 Personal exemptions	18	4,000	00
19 AZ taxable inc. Line 16 minus lines 17 & 18	19	4,536,782	00
20 Compute tax. Use line 19 & proper tax table	20	216,223	00
21 Tax from recapture of credits	21	1,000	00
22 Subtotal of tax. Add lines 20 and 21	22	217,223	00
23 - 24 Clean Elections Fund Tax Reduction. 23 1 <input checked="" type="checkbox"/> YOURSELF 23 2 <input type="checkbox"/> SPOUSE	24	5	00
25. Reduced tax. Subtract line 24 from line 22	25	217,218	00
26 Family income tax credit from worksheet on page 15 of instructions	26		00
27 Credits from Arizona Form 301, line 57, or Forms 310, 321, 322, and 323 if Form 301 is not required	27	3,075	00
28 Credit type. Enter form number of each credit claimed: 28 305 310 321 322			
29 Clean Elections Fund Tax Credit. From worksheet on page 17 of the instructions	29		00
30 Balance of tax. Subtract lines 26, 27, and 29 from line 25. If the sum of lines 26, 27, and 29 is more than line 25, enter zero	30	214,143	00
31 Arizona income tax withheld during 2006	31		00
32 Arizona estimated tax payments for 2006	32	128	00
33 Amount paid with 2006 Arizona extension request (Form 204)	33		00
34 Increased Excise Tax Credit from worksheet on page 17 of the instructions	34		00
35 Property Tax Credit from Form 140PTC	35		00
36 Total payments/refundable credits. Add lines 31 through 35	36	128	00
37 TAX DUE. If line 30 is larger than line 36, subtract line 36 from line 30 and enter amount of tax due. Skip lines 38, 39 and 40	37	214,015	00
38 OVERPAYMENT. If line 36 is larger than line 30, subtract line 30 from line 36 and enter amount of overpayment	38		00
39 Amount of line 38 to be applied to 2007 estimated tax	39		00
40 Balance of overpayment. Subtract line 39 from line 38	40		00

41 - 49 Voluntary Gifts to:

AID TO EDUCATION (entire refund only)	41		00
CHILD ABUSE PREVENTION	44		00
NEIGHBORS HELPING NEIGHBORS	47		00

ARIZONA WILDLIFE DOMESTIC VIOLENCE SHELTER	42		00
	45		00

CITIZENS CLEAN ELECTIONS	43		00
NATIONAL GUARD RELIEF FUND	46		00

POLITICAL GIFT	49		00
--------------------------	----	--	----

50 Check only one if making a political gift: 50 1 ☐ Democratic 50 2 ☐ Libertarian 50 3 ☐ Republican

51 Estimated payment penalty and MSA withdrawal penalty

52 Check applicable boxes: 52 1 ☐ Annualized/Other 52 2 ☐ Farmer or Fisherman 52 3 ☒ Form 221 attached 52 4 ☐ MSA Penalty

53 Total of lines 41, 42, 43, 44, 45, 46, 47, 48, 49, and 51

54 REFUND. Subtract line 53 from line 40. If less than zero, enter amount owed on line 55

Direct Deposit of Refund: See instructions.

ROUTING NUMBER

ACCOUNT NUMBER

C ☐ Checking orS ☐ Savings

55 AMOUNT OWED. Add lines 37 and 53. Make check payable to Arizona Department of Revenue; include SSN on payment.

☐ Payment enclosed. Check the box and attach payment.

51	8,618	00
53	8,618	00
54		00
55	222,633	00

PART A: Dependents and Qualifying Parents - do not list yourself or spouse

400-00-7507

If completing Part A, also complete Part C, lines C16 and/or C17 and C18.

A1

List children and other dependents. If more space is needed, attach a separate sheet.

NO. OF MONTHS
LIVED IN YOUR
HOME IN 2006

FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP	

A2

Enter total number of persons listed in A1 here and on page 1 of this form, box 10. Also complete Part C below.

• • • • • TOTAL

A2

0

A3

a

Enter the names of the dependents listed above who do not qualify as your dependent on your federal return:

b

Enter dependents listed above who were not claimed on your federal return due to education credits:

A4

List qualifying parents and ancestors of your parents. If more space is needed, attach a separate sheet. You cannot list the same person here and also on line A1. For information on who is a qualifying parent or ancestor of your parents, see page 6 of the instructions.

NO. OF MONTHS
LIVED IN YOUR
HOME IN 2006

FIRST AND LAST NAME	SOCIAL SECURITY NO.	RELATIONSHIP	
WENDY THREE	400-55-7599	PARENT	12

A5

Enter total number of persons listed in A4 here and on page 1 of this form, box 11

• • • • • TOTAL

A5

1

PART B: Additions to Income

B6	Non-Arizona municipal interest	B6	15,699	00
B7	Early withdrawal of Arizona Retirement System contributions not included on your federal return	B7		00
B8	Ordinary income portion of lump-sum distributions excluded on your federal return	B8		00
B9	Total federal depreciation	B9		00
B10	Medical savings account (MSA) distributions. See page 7 of the instructions	B10		00
B11	I.R.C. § 179 expense in excess of allowable amount. See page 7 of the instructions	B11		00
B12	Other additions to income. See instructions and attach your own schedule	B12		00
B13	Total. Add lines B6 through B12. Enter here and on page 1 of this form, line 13	B13	15,699	00

PART C: Subtractions from Income

C14	Exemption: Age 65 or over. Multiply the number in box 8, page 1, by \$2,100	C14	2,100	00
C15	Exemption: Blind. Multiply the number in box 9, page 1, by \$1,500	C15		00
C16	Exemption: Dependents. Multiply the number in box 10, page 1, by \$2,300	C16		00
C17	Exemption: Qualifying parents and ancestors of your parents. Multiply the number in box 11, page 1, by \$10,000	C17	10,000	00
C18	Total exemptions: Add lines C14 through C17. If you have no other subtractions from income, skip lines C19 through C30 and enter the amount on line C18 on Form 140, Page 1, line 15	C18	12,100	00
C19	Interest on U.S. obligations such as U.S. savings bonds and treasury bills	C19	7,800	00
C20	Exclusion for federal, Arizona state or local government pensions (up to \$2,500 per taxpayer)	C20	2,500	00
C21	Arizona state lottery winnings included as income on your federal return (up to \$5,000 only)	C21		00
C22	U.S. Social Security or Railroad Retirement Act benefits included as income on your federal return (the taxable amount)	C22	12,750	00
C23	Recalculated Arizona depreciation	C23		00
C24	Certain wages of American Indians	C24	1,500	00
C25	Income tax refund from other states. See instructions	C25		00
C26	Deposits and employer contributions into MSAs. See page 10 of the instructions	C26		00
C27	Construction of an energy efficient residence. See page 11 of the instructions. Enter number: C27a <input type="text"/> , then amount	C27		00
C28	Active duty military pay (including combat pay) that you included in federal adjusted gross income	C28		00
C29	Other subtractions from income. See instructions and attach your own schedule	C29	4,580,659	00
C30	Total: Add lines C18 through C29. Enter here and on page 1 of this form, line 15	C30	4,617,309	00

Part D: Last Name(s) Used in Prior Years if different from name(s) used in current year

D31

PLEASE SIGN HERE

I have read this return and any attachments with it. Under penalties of perjury, I declare that to the best of my knowledge and belief, they are true, correct and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

YOUR SIGNATURE

10-18-2006

INVESTMENT SPECIALIST

SPOUSE'S SIGNATURE

SPOUSE'S OCCUPATION

PAID PREPARER'S SIGNATURE

FIRM'S NAME (PREPARER'S IF SELF-EMPLOYED)

PAID PREPARER'S TIN

DATE

PAID PREPARER'S ADDRESS

If you are also sending a payment, mail to Arizona Department of Revenue, PO Box 52016, Phoenix, AZ 85072-2016 (PO Box 29204, Phoenix, AZ 85038-9204 if your return has a barcode). If you are not sending a payment, mail to Arizona Department of Revenue, PO Box 52138, Phoenix, AZ 85072-2138 (PO Box 29205, Phoenix, AZ 85038-9205 if your return has a barcode).

**ARIZONA SCHEDULE
A****Itemized Deduction Adjustments**
For Full-Year Residents Filing Form 140

Attach to your return

NAME(S) AS SHOWN ON FORM 140

TEST O

THREE

YOUR SOCIAL SECURITY NUMBER

400-00-7507

SPOUSE'S SOCIAL SECURITY NUMBER

118-98-9748

To itemize on your Arizona return, you must first complete a federal Schedule A. Use Form 140, Schedule A, to adjust the amount shown on the federal Schedule A. Complete Form 140, Schedule A, only if you are making changes to the amount shown on the federal Schedule A. See instructions for details.

Adjustment to Medical and Dental Expenses

1	Medical and dental expenses	1	18,000	00
2	Amount of medical savings account (MSA) distributions used to pay qualified medical expenses included on line 1	2		00
3	Medical expenses allowed to be taken as a federal itemized deduction	3		00
4	Add line 2 and line 3, and enter the result	4		00
5	If line 1 is the same as or more than line 4, subtract line 4 from line 1; otherwise, go to line 6	5	18,000	00
6	If line 4 is more than line 1, subtract line 1 from line 4	6		00

Adjustment to Interest Deduction

7	If you received a federal credit for interest paid on mortgage credit certificates (from federal Form 8396), enter the amount of mortgage interest you paid for 2006 that is equal to the amount of your 2006 federal credit	7		00
---	--	---	--	----

Adjustment to Gambling Losses

8	Wagering losses allowed as a federal itemized deduction	8		00
9	Total gambling winnings included in your federal adjusted gross income	9		00
10	Authorized Arizona lottery subtraction from Form 140, page 2, line C21	10		00
11	Maximum allowable gambling loss deduction: Subtract line 10 from line 9	11		00
12	If line 11 is less than line 8, subtract line 11 from line 8; otherwise enter "zero"	12	0	00

Adjustment to Property Taxes

13	If you are claiming a property tax credit on Arizona Form 302 (Defense Contracting Credits), enter the amount of property taxes allowed as a federal itemized deduction for which a credit is claimed	13		00
----	---	----	--	----

Adjustment to Charitable Contributions

14	Amount of charitable contributions for which you are taking a credit under Arizona law	14		00
----	--	----	--	----

Other Adjustments

15	Amount allowed as a federal itemized deduction that relates to income not subject to Arizona tax	15		00
----	--	----	--	----

Adjusted Itemized Deductions

16	Add the amounts on lines 5 and 7	16	18,000	00
17	Add the amounts on lines 6, 12, 13, 14 and 15	17		00
18	Total federal itemized deductions allowed to be taken on federal return	18	4,176	00
19	Enter the amount from line 16 above	19	18,000	00
20	Add lines 18 and 19	20	22,176	00
21	Enter the amount from line 17 above	21		00
22	Arizona itemized deductions: Subtract line 21 from line 20. Enter the result here and on Form 140, page 1, line 17 . . .	22	22,176	00

NOTE: You must attach a copy of federal Form 1040, Schedule A, to your return if you itemize your deductions.

ARIZONA FORM

Underpayment of Estimated Tax by Individuals

2006

221

Attach to your return

NAME (FIRST, MIDDLE INITIAL, LAST). IF JOINT RETURN, ALSO GIVE SPOUSE'S NAME AND INITIAL

SOCIAL SECURITY NUMBER

TEST O THREE

400-00-7507

Part A Calculation of Underpayment

1	I am claiming an exception from the imposition of the estimated payment penalty and interest because I qualified for federal relief under IRC§ 6654. Check box and see instructions	1	<input type="checkbox"/>
2	Amount of tax for 2006 from Form 140, page 1, line 25, or form 140PY, page 1, line 28, or Form 140NR, page 1, line 28	2	217,218 00
3	Tax credits claimed on your 2006 Arizona return	3	3,075 00
4	Subtract line 3 from line 2	4	214,143 00
5	Arizona tax withheld during 2006. Do not include any estimated tax payments or amounts paid with Form 204 on this line	5	00
6	Subtract line 5 from line 4. If less than \$1,000, stop here. You do not owe the penalty. Do not file Form 221	6	214,143 00
7	Multiply line 4 by 90% (.90)	7	192,729 00
8	Enter the immediately preceding year's tax liability after tax credits. See instructions	8	00
9	Required Annual Payment: Enter the lesser of line 7 or line 8	9	192,729 00

		(a)	(b)	(c)	(d)
10	Payment date	Apr-17-2006	Jun-15-2006	Sep-15-2006	Jan-16-2007
11	Divide the amount on line 9 by the number of payments required for the year (usually four). Enter the result in appropriate columns. If you use any other installment method, check this box <input type="checkbox"/> . If you annualize, complete the worksheet on page 2 of this form and enter the amount from line 23 of that worksheet in each column of line 11				
11		48,182	48,182	48,182	48,183
12	Estimated tax paid and income tax withheld. See instructions	128			
13	Overpayment: See instructions				
14	Add lines 12 and 13	128			
15	Underpayment: Subtract line 14 from line 11; or Overpayment: Subtract line 11 from line 14	UNDER 48,054	UNDER 48,182	UNDER 48,182	UNDER 48,183
Part B Underpayment of Estimated Tax Penalty					
16	RATE PERIOD ONE: 7% (Apr-17-06 - Jun-30-06) Computation starting date for this period	Apr-17-06	Jun-15-06		
17	Number of days after the date on line 16 through the date the amount on line 15 was paid or June 30, 2006 whichever is earlier	Days: 76	Days: 15		
18	Number of days on line 17 x 7% x underpayment on line 15 365	600	119		
19	RATE PERIOD TWO: 8% (Jul-1-06 - Sep-30-06) Computation starting date for this period	Jun-30-06	Jun-30-06	Sep-15-06	
20	Number of days after the date on line 19 through the date the amount on line 15 was paid or September 30, 2006 whichever is earlier	Days: 92	Days: 92	Days: 15	
21	Number of days on line 20 x 8% x underpayment on line 15 365	727	729	119	
22	RATE PERIOD THREE: *% (Oct-1-06 - Dec-31-06) Computation starting date for this period	Sep-30-06	Sep-30-06	Sep-30-06	
23	Number of days after the date on line 22 through the date the amount on line 15 was paid or December 31, 2006 whichever is earlier	Days: 92	Days: 92	Days: 92	
24	Number of days on line 23 x *% x underpayment on line 15 365	848	850	850	
25	RATE PERIOD FOUR: *% (Jan-1-07 - Apr-16-07) Computation starting date for this period	Dec-31-06	Dec-31-06	Dec-31-06	Jan-16-07
26	Number of days after the date on line 25 through the date the amount on line 15 was paid or April 16, 2007 whichever is earlier	Days: 106	Days: 106	Days: 106	Days: 91
27	Number of days on line 26 x *% x underpayment on line 15 plus any penalty from Rate Periods One, Two and Three if the underpayment is unpaid as of January 1, 2007 365	977	979	979	841
28	Penalty: Column (a) - Add lines 18, 21, 24, 27. Enter the total on line 28 of column a. Column (b) - Add lines 18, 21, 24, 27. Enter the total on line 28 of column b. Column (c) - Add lines 21, 24, 27. Enter the total on line 28 of column c. Column (d) - Enter the amount from column d, line 27.	3,152	2,677	1,948	841
29	Penalty Limitation: In columns a through d, list the smaller of line 15 x 10% or the amount from line 28	3,152	2,677	1,948	841
30	TOTAL PENALTY: Add the amounts in columns a, b, c, and d, line 29. (see instructions).				8,618 00

Annualized Income Installment Worksheet

Complete lines 1 through 23 of one column before completing the next column.

	Jan-1-06 to Mar-31-06	Jan-1-06 to May-31-06	Jan-1-06 to Aug-31-06	Jan-1-06 to Dec-31-06
1 Enter your Arizona adjusted gross income without your dependent, qualifying parent or ancestor, blind, or over 65 exemptions for each period				
2 Annualization amounts	4.0	2.4	1.5	1.0
3 Annualized income: Multiply line 1 by line 2				
4 Enter your itemized deductions for the period shown in each column. If you do not itemize, enter zero and skip to line 7				
5 Annualized amounts	4.0	2.4	1.5	1.0
6 Annualized itemized deductions: Multiply line 4 by line 5				
7 Enter your standard deduction from Arizona Form 140, line 17, Form 140PY, line 20, or Form 140NR, line 20				
8 Enter the amount from line 6 or line 7, whichever is larger				
9 Subtract line 8 from line 3				
10 Enter the amount allowed for personal, blind, over 65, dependent, and qualifying parent or ancestor exemptions claimed on your Arizona Form 140, Form 140PY, or Form 140NR				
11 Subtract line 10 from line 9				
12 Figure your tax on the amount on line 11 using Tax Rate Table X or Y				
13 For each period, enter the amount of tax credits allowed on your Arizona Form 140, Form 140PY, or Form 140NR				
14 Subtract line 13 from line 12. If zero or less, enter "zero"				
15 Applicable percentages	22.5%	45.0%	67.5%	90.0%
16 Multiply line 14 by line 15				
17 Enter the combined amounts of line 23 from all preceding columns				
18 Subtract line 17 from line 16. If less than zero, enter "zero"				
19 Divide line 9 from page 1, of this Form 221, by four (4), and enter the result in each column				
20 Enter the amount from line 22 of the preceding column of this worksheet				
21 Add lines 19 and 20, and enter the total				
22 If line 21 is more than line 18, subtract line 18 from line 21. Otherwise, enter "zero"				
23 Enter the smaller of line 18 or line 21 here and on page 1, line 11				

For the calendar year 2006, or

fiscal year beginning _____

and ending _____

Attach to your return

NAME(S) AS SHOWN ON FORM 140, 140PY, 140NR or 140X

TEST O THREE

YOUR SOCIAL SECURITY NUMBER

400-00-7507

SPOUSE'S SOCIAL SECURITY NUMBER

118-98-9748

Part I Nonrefundable Individual Tax Credits

Enter total available tax credits.

1	Defense Contracting Credit from Form 302	1		00
2	Enterprise Zone Credit from Form 304	2		00
3	Environmental Technology Facility Credit from Form 305	3	2,000	00
4	Military Reuse Zone Credit from Form 306	4		00
5	Recycling Equipment Credit from Form 307	5		00
6	Credit for Increased Research Activities from Form 308-I	6		00
7	Credit for Taxes Paid to Another State or Country from Form 309	7		00
8	Credit for Solar Energy Devices from Form 310	8	375	00
9	Agricultural Water Conservation System Credit from Form 312	9		00
10	Pollution Control Credit from Form 315	10		00
11	Credit for Solar Hot Water Heater Plumbing Stub Outs and Electric Vehicle Recharge Outlets from Form 319	11		00
12	Credit for Employment of TANF Recipients from Form 320	12		00
13	Credit for Contributions to Charities that Provide Assistance to the Working Poor from Form 321	13	500	00
14	Credit for Contributions Made or Fees Paid to Public Schools from Form 322	14	200	00
15	Credit for Contributions to School Tuition Organizations from Form 323	15		00
16	Agricultural Pollution Control Equipment Credit from Form 325	16		00
17	Neighborhood Electric Vehicle (NEV) Credit from Form 328	17		00
18	Credit for Donation of School Site from Form 331	18		00
19	Credit for Healthy Forest Enterprises from Form 332	19		00
20	Credit for Employing National Guard Members from Form 333	20		00
21	Credit for Motion Picture Production Costs from Form 334	21		00
22	Credit from Solar Energy Devices Commercial and Industrial Applications from Form 336	22		00
23	Total Available Tax Credits: Add lines 1 through 22	23	3,075	00

Part II Application of Tax Credits

Enter tax, recapture tax, and tax credits claimed this taxable year.

24	Tax from Form 140, line 20; or Form 140PY, line 23; or Form 140NR, line 23; or Form 140X, line 26	24	216,223	00
25	Clean Elections Fund Tax Reduction from Form 140, line 24; or Form 140PY, line 27; or Form 140NR, line 27; or Form 140X, line 29	25	5	00
26	Subtract line 25 from line 24	26	216,218	00
27	Tax from recapture of Environmental Technology Facility Credit from Form 305, Part VI, line 37	27		00
28	Tax from recapture of Neighborhood Electric Vehicle (NEV) Credit from Form 328, Part VI, line 19	28	1,000	00
29	Tax from recapture of Credit for Healthy Forest Enterprises from Form 332, Part X, line 39	29		00
30	Tax from recapture of Credit for Motion Picture Production Cost from Form 334, Part VIII, line 34	30		00
31	Recapture Total: Add lines 27 through 30. Enter here and on Form 140, line 21; or Form 140PY, line 24; or Form 140NR, line 24; or Form 140X, line 27	31	1,000	00
32	Subtotal: Add lines 26 and 31	32	217,218	00
33	Family Income Tax Credit from Form 140, line 26; or Form 140PY, line 29; or Form 140X, line 31	33		00
34	Subtract line 33 from line 32	34	217,218	00

400-00-7507

Nonrefundable Tax Credits Claimed

Enter amount of credits actually claimed from Part I.

35 Defense Contracting Credit from Form 302	35		00
36 Enterprise Zone Credit from Form 304	36		00
37 Environmental Technology Facility Credit from Form 305 (not to exceed 75% of line 32)	37	2,000	00
38 Military Reuse Zone Credit from Form 306	38		00
39 Recycling Equipment Credit from Form 307 (not to exceed the lesser of 25% of line 32 or \$5,000)	39		00
40 Credit for Increased Research Activities from Form 308-I	40		00
41 Credit for Taxes Paid to Another State or Country from Form 309	41		00
42 Credit for Solar Energy Devices from Form 310	42	375	00
43 Agricultural Water Conservation System Credit from Form 312	43		00
44 Pollution Control Credit from Form 315	44		00
45 Credit for Solar Hot Water Heater Plumbing Stub Outs and Electric Vehicle Recharge Outlets from Form 319	45		00
46 Credit for Employment of TANF Recipients from Form 320	46		00
47 Credit for Contributions to Charities that Provide Assistance to the Working Poor from Form 321	47	500	00
48 Credit for Contributions Made or Fees Paid to Public Schools from Form 322 . . .	48	200	00
49 Credit for Contributions to School Tuition Organizations from Form 323	49		00
50 Agricultural Pollution Control Equipment Credit from Form 325	50		00
51 Credit for Neighborhood Electric Vehicle (NEV) from Form 328	51		00
52 Credit for Donation of School Site from Form 331	52		00
53 Credit for Healthy Forest Enterprises from Form 332	53		00
54 Credit for Employing National Guard Members from Form 333	54		00
55 Credit for Motion Picture Production Costs from Form 334	55		00
56 Credit for Solar Energy Devices Commercial and Industrial Applications from Form 336	56		00
57 Total Tax Credits Claimed: Add lines 35 through 56. Total cannot be more than line 34. Enter this amount on Form 140, line 27; or Form 140PY, line 30; or Form 140NR, line 29; or Form 140X, line 32	57	3,075	00

NOTE: You must attach Form 301 and the corresponding credit forms on which you computed your credit(s) to individual income tax return.

Environmental Technology Facility Credit

2006

	For the calendar year 2006 or fiscal year beginning and ending
--	---

Attach to your return

Name(s) as shown on Forms 140, 140PY, 140NR, 140X, 120, 120A, 120S, 120X, or 165

TEST O THREE

Social security number or employer ID number

400-00-7507

Arizona Department of Commerce certification number: 02022006

Part 1	Schedule of Cost of Equipment or Property Used in Construction of Facility for Current Year and Calculation of Current Year's Credit
---------------	---

1 Date of facility's initial construction	1	06-15-2000
---	---	------------

(a) Description	(b) Cost	
Replacement of certain equipment	20,000	00
		00
		00
		00
		00
		00
		00
		00
		00
		00
		00
		00
		00
Total	2	00
	20,000	00

2 Total	2	20,000	00
-------------------	---	--------	----

3 Current year's credit - multiply line 2 by 10 percent (.10)	3	2,000	00
--	----------	-------	----

Part II Recapture of Environmental Technology Facility Credit

4 Date facility was placed in service	4	
---	---	--

5	Date facility ceased to operate as an environmental manufacturing, producing or processing facility	5	
---	---	---	--

6	Enter total credit actually claimed for the total facility	6		00
----------	--	----------	--	-----------

7	Enter percent based on the year facility ceased to operate as an environmental manufacturing, producing or processing facility	7	%
---	--	---	---

8	Total environmental technology facility credit recapture. Multiply line 6 by line 7	8	00
---	---	---	----

Part III S Corporation Credit Election and Shareholder's Share of Credit and Credit Recapture

9 The S corporation has made an irrevocable election for the taxable year ending _____ to:
(CHECK ONLY ONE BOX)

☐ Claim the credit, as shown on Part I, line 3, column (b), for the taxable year shown above;

OR

☐ Pass the credit, as shown on Part I, line 3, column (b), for the taxable year shown above through to its shareholders.

Signature _____

Title _____

Date _____

If passing the credit through to the shareholder, complete lines 10 through 12 separately for each shareholder.

If passing a credit recapture through to the shareholder, also complete line 13 separately for each shareholder.

Furnish each shareholder with a copy of the completed Form 305.

10 Name of shareholder _____

11 Shareholder's TIN _____

12 Shareholder's share of the current year's credit from on Part I, line 3, column (b) **12**

--	--

00

13 Shareholder's share of the credit recapture from Part II, line 8 **13**

--	--

00

Part IV Partner's Share of Credit and Credit Recapture

Complete lines 14 through 16 separately for each partner.

If passing a credit recapture through to the partner, also complete line 17 separately for each partner.

Furnish each partner with a copy of the completed Form 305.

14 Name of partner _____

15 Partner's TIN _____

16 Partner's share of the current year's credit from on Part I, line 3, column (b) **16**

--	--

00

17 Partner's share of the credit recapture from Part II, line 8 **17**

--	--

00

Part V Credit Recapture Summary

18 Enter the taxable year(s) in which you took a credit or credit carryover for the facility that has ceased to operate as an environmental manufacturing, producing, or processing facility _____

19 Enter the total amount of credit originally allowable for the facility **19**

--	--

00

20 Enter the total amount of the credit to be recaptured
 Individuals, corporations, and S corporations, enter the amount from Part II, line 8
 S corporation shareholders, enter the amount from Part III, line 13
 Partners of a partnership, enter the amount from Part IV, line 17 **20**

--	--

00

21 Subtract line 20 from line 19 and enter the result. This is the amount of credit allowable for the facility that has ceased to operate as an environmental manufacturing, producing, or processing facility **21**

--	--

00

22 Amount of credit on line 19 that you have claimed on prior years' returns **22**

--	--

00

23 Subtract line 22 from line 21 and enter the result **23**

--	--

00

If the result is a positive number, that is the amount of credit carryover remaining that you may use in future taxable years. Enter this positive number in Part VI, column d, on the line for the year in which the disqualified credit arose.

If the result is a negative number, that is the amount of credit you must recapture. If a negative number, enter "zero" in Part VI, column d, on the line for the year in which the disqualified credit arose.

Corporations, also enter this amount as a positive number on Form 300, Part II, line 20.

Individuals, also enter this amount as a positive number on Form 301, Part II, line 27.

Part VI Available Credit Carryover

	(a)	(b)	(c)	(d)
	Carryover credit from taxable year ending	Original credit amount	Amount previously used or expired	Available carryover - subtract column (c) from column (b)
24				
25				
26				
27				
28				
29				
30				
31				
32				
33				
34				
35				
36				
37				
38				
39	Total available carryover			

Part VII Total Available Credit

40 Current year's credit. Individuals, corporations, or S corporations - enter amount from Part I, line 3.

S corporation shareholders - enter the amount from Part III, line 12.

Partners of a partnership - enter amount from Part IV, line 16

41 Available credit carryover - from Part VI, line 39, column (d)

42 Total available credit. Add line 40 and line 41. Enter total here and on Form 300, Part I, line 3 or Form 301, Part I, line 3

40	2,000	00
41		00
42	2,000	00

ARIZONA FORM

Credit for Solar Energy Devices

2006

310

For the calendar year 2006, or

fiscal year beginning _____ and ending _____.

Attach to your return

NAME(S) AS SHOWN ON FORM 140, 140PY OR 140X

TEST O THREE

YOUR SOCIAL SECURITY NO.

400-00-7507

SPOUSE'S SOCIAL SECURITY NO.

118-98-9748

Part I Current Year's Credit

- 1 Address of residence where you installed the solar energy device for which you are claiming the credit: 54 PALMER ROAD PHOENIX, AZ 85041
- 2 Cost of the solar energy device installed during the current taxable year at the residence listed on line 1
- 3 Multiply the amount on line 2 by 25% (.25)
- 4 Enter the smaller of line 3 or \$1,000
- 5 Enter the amount of credit from prior taxable years (1995 through 2005) for other solar energy devices installed at the residence listed on line 1
- 6 Add line 4 and line 5
- 7 Enter the smaller of line 6 or \$1,000
- 8 Subtract line 5 from line 7
- 9 Current year's credit: Enter the smaller of line 4 or line 8

2	1,500	00
3	375	00
4	375	00
5	100	00
6	475	00
7	475	00
8	375	00
9	375	00

Part II Carryover from Prior Taxable Years

	(a) Taxable Year from which you are carrying the credit	(b) Original Credit Amount	(c) Amount Previously Used	(d) Available Carryover: Subtract column (c) from column (b).
10	2001	\$	\$	\$
11	2002	\$	\$	\$
12	2003	\$	\$	\$
13	2004	\$	\$	\$
14	2005	\$	\$	\$
15	TOTAL AVAILABLE CARRYOVER			\$

Part III Calculation of Available Credit for the Current Year

- 16 Current year's credit: Enter the amount from Part I, line 9
- 17 Enter the amount of available carryover from Part II, line 15
- 18 Total Available Credit: Add line 16 and line 17, and enter the total here. See page 2 of the instructions

16	375	00
17		00
18	375	00

ARIZONA FORM**321**

**Credit for Contributions to Charities
That Provide Assistance to the Working Poor**

2006

For the calendar year 2006, or
fiscal year beginning _____ and ending _____.

Attach to your return

NAME(S) AS SHOWN ON FORM 140, 140NR, 140PY OR 140X

TEST O THREE

YOUR SOCIAL SECURITY NO.

400-00-7507

SPOUSE'S SOCIAL SECURITY NO.

118-98-9748**Part I Current Year's Credit****1a** Name of qualifying charity to which you made contributions:Outreach ServicesAmount of cash contributed to organization named on line 1a **1a** 500 00**1b** Name of qualifying charity to which you made contributions:Amount of cash contributed to organization named on line 1b **1b** _____ 00

NOTE: If you made cash contributions to more than two qualifying charities, attach a separate schedule.

1c Total: Add lines 1a and 1b. Also, add any amount included on a separate schedule	1c	<u>500</u>	00
2 Potential credit: Single taxpayers or heads of household, enter the lesser of line 1c or \$200. Married taxpayers, enter the lesser of line 1c or \$400	2	<u>400</u>	00
3 Total contributions allowable as an itemized deduction for 2006	3	<u>5,200</u>	00
4 Baseline year: <u>2004</u>			
5 Total contributions deducted as an itemized deduction on your Arizona return for the baseline year listed on line 4	5		00
6 Subtract line 5 from line 3. If line 5 is greater than line 3, no credit is available	6	<u>5,200</u>	00
7 Current year's credit: Enter the lesser of line 2 or line 6	7	<u>200</u>	00

Part II Available Credit Carryover

	(a) Taxable Year from which you are carrying the credit	(b) Original Credit Amount	(c) Amount Previously Used	(d) Available Carryover: Subtract column (c) from column (b).
8	2001	\$	\$	\$
9	2002	\$	\$	\$
10	2003	\$	\$	\$
11	2004	\$ <u>600</u>	\$ <u>500</u>	\$ <u>100</u>
12	2005	\$ <u>550</u>	\$ <u>350</u>	\$ <u>200</u>
13	TOTAL AVAILABLE CARRYOVER			\$ <u>300</u>

Part III Total Available Credit

14 Current year's credit: Enter the amount from Part I, line 7	14	<u>200</u>	00
15 Enter the amount of available carryover from Part II, line 13, column (d)	15	<u>300</u>	00
16 Total Available Credit: Add line 14 and line 15, and enter the total here. See page 2 of the instructions	16	<u>500</u>	00

ARIZONA FORM

Credit for Contributions Made or Fees Paid to Public Schools

2006

322

For the calendar year 2006, or fiscal year beginning _____ and ending _____ .
--

Attach to your return

NAME(S) AS SHOWN ON FORM 140, 140NR, 140PY OR 140X

TEST O THREE

YOUR SOCIAL SECURITY NO.

400-00-7507

SPOUSE'S SOCIAL SECURITY NO.

118-98-9748

Current Year's Credit

1a Contributions made or qualifying fees paid to:

School district in which school is located: PUBLIC SCHOOL ONE
 Name of public school located in Arizona: 56 NEW MEXICO WAY
 Address of school: PHOENIX, AZ 85064
SCHOOL DISTRICT 1

Amount of contributions made or fees paid to school named on line 1a

1a 500 00

1b Contributions made or qualifying fees paid to:

School district in which school is located: _____
 Name of public school located in Arizona: _____
 Address of school: _____

Amount of contributions made or fees paid to school named on line 1b

1b 00

If you made contributions or paid qualifying fees to more than 2 schools, attach a separate schedule.

1c Total contributions made and fees paid to public schools in Arizona during 2006

1c 500 00

2 Single taxpayers or heads of household, enter \$200 here. Married taxpayers enter \$400 here.

2 400 00

3 Current year's credit: enter the smaller of line 1c or line 2. If you are married filing a separate return, enter one-half of the smaller of line 1c or line 2

3 200 00

Available Credit Carryover

	(a) Taxable Year from which you are carrying the credit	(b) Original Credit Amount	(c) Amount Previously Used	(d) Available Carryover: Subtract column (c) from column (b).
4	2001	\$	\$	\$
5	2002	\$	\$	\$
6	2003	\$	\$	\$
7	2004	\$	\$	\$
8	2005	\$	\$	\$
9	TOTAL AVAILABLE CARRYOVER			\$

Total Available Credit

10 Current year's credit: Enter the amount from line 3

10 200 00

11 Available credit carryover from line 9, column (d)

11 00

12 Total available credit. Add line 10 and line 11. Enter the total here and see the instructions.

12 200 00

ARIZONA FORM**Personal Exemption Allocation Election****2006****202**

For calendar year 2006, or fiscal year beginning _____ and ending _____.

- The spouse claiming more than one-half (1/2) of the total personal exemption must attach the **original** election to his or her Arizona income tax return.
- The spouse claiming less than one-half (1/2) of the total personal exemption must attach a **copy** of the election to his or her Arizona income tax return.

Name of spouse claiming more than one-half (1/2) of the total exemption TEST O THREE	Social Security Number 400-00-7507
Name of spouse claiming less than one-half (1/2) of the total exemption JULIA THREE	Social Security Number 118-98-9748

We, the undersigned, agree to divide the personal exemption as shown below. (Both spouses must sign and date this form on page 2.)

Who must file Form 202

The following taxpayers must complete Form 202:

1. Married taxpayers filing separate returns, claiming no dependents, with one spouse claiming a personal exemption of more than \$2,100 of the \$4,200 exemption. Complete Part I or Part II.
2. Married taxpayers filing separate returns, claiming at least one dependent, with one spouse claiming a personal exemption of more than \$3,150 of the \$6,300 exemption. Complete Part III or Part IV.
3. A married person who qualifies to file as head of household, with one spouse claiming a personal exemption of more than \$3,150 of the \$6,300 exemption. Complete Part III or Part IV.

Once you make this election for a tax year, you cannot change the agreed upon amounts for that year without making another election.

You must complete a new Form 202 and file an amended Arizona income tax return (Form 140X) to change an election.

- ☒ Original Election
☐ Amended Election

If one spouse is a full-year resident and the other spouse is a part-year resident or nonresident, the full-year resident should complete the appropriate column in Part I or Part III, and the part-year resident or nonresident should complete the appropriate column in Part II or Part IV.

Part I For Full-Year Residents Only (Form 140 or 140A) Claiming No Dependents

- 1 Total personal exemption allowed married taxpayers claiming no dependents 1
- 2 Amount of personal exemption each spouse is claiming on his or her separate Arizona return. Enter the result here. Also enter the result on Form 140, page 1, line 18, or Form 140A, page 1, line 20. If one spouse is a nonresident or part-year resident, that spouse should complete Part II below 2

SPOUSE CLAIMING MORE THAN 1/2	SPOUSE CLAIMING LESS THAN 1/2
\$4,200.00	\$4,200.00
\$ 4,000.00	\$ 200.00

Part II For Part-Year Residents (Form 140PY) or Nonresidents (Form 140NR) Claiming No Dependents

- 1 Total personal exemption allowed (prior to prorating) married taxpayers claiming no dependents 1
- 2 Amount of personal exemption each spouse is claiming (prior to prorating) on his or her separate Arizona return. If you are a part-year resident who is an active duty military member who either began or gave up Arizona residency during 2006, skip lines 3 and 4, and enter this amount on Form 140PY, page 1, line 21. If you are a nonresident who is an active military member, skip lines 3 and 4, and enter this amount on Form 140NR, page 1, line 21. All other taxpayers complete lines 3 and 4 2
- 3 If you are a part-year resident, enter your Arizona percentage from Form 140PY, page 2, line B20. If you are a nonresident, enter your Arizona percentage from Form 140NR, page 2, line B16 3
- 4 Multiply line 2 by the percentage on line 3. If you are a part-year resident, enter the result here and on Form 140PY, page 1, line 21. If you are a nonresident, enter the result here and on Form 140NR, page 1, line 21 4

SPOUSE CLAIMING MORE THAN 1/2	SPOUSE CLAIMING LESS THAN 1/2
\$4,200.00	\$4,200.00
\$.00	\$.00
%	%
\$.00	\$.00

Part III For Full-Year Residents Only (Form 140 or 140A)
Claiming at Least One Dependent

		SPOUSE CLAIMING MORE THAN 1/2	SPOUSE CLAIMING LESS THAN 1/2
1	Total personal exemption allowed married taxpayers claiming at least one dependent	\$6,300.00	\$6,300.00
2	Amount of personal exemption each spouse is claiming on his or her separate Arizona return. Enter the result here. Also enter the result on Form 140, page 1, line 18, or Form 140A, page 1, line 20. If one spouse is a nonresident or part-year resident, that spouse should complete Part IV below	\$.00	\$.00

Part IV For Part-Year Residents (Form 140PY) or
Nonresidents (Form 140NR) Claiming at Least One Dependent

		SPOUSE CLAIMING MORE THAN 1/2	SPOUSE CLAIMING LESS THAN 1/2
1	Total personal exemption allowed (prior to prorating) married taxpayers claiming at least one dependent	\$6,300.00	\$6,300.00
2	Amount of personal exemption each spouse is claiming (prior to prorating) on his or her separate Arizona return. If you are a part-year resident who is an active duty military member who either began or gave up Arizona residency during 2006, skip lines 3 and 4, and enter this amount on Form 140PY, page 1, line 21. If you are a nonresident who is an active military member, skip lines 3 and 4, and enter this amount on Form 140NR, page 1, line 21. All other taxpayers complete lines 3 and 4	\$.00	\$.00
3	If you are a part-year resident, enter your Arizona percentage from Form 140PY, page 2, line B20. If you are a nonresident, enter your Arizona percentage from Form 140NR, page 2, line B16	%	%
4	Multiply line 2 by the percentage on line 3. If you are a part-year resident, enter the result here and on Form 140PY, page 1, line 21. If you are a nonresident, enter the result here and on Form 140NR, page 1, line 21	\$.00	\$.00

Both spouses must sign:

<p>▶ _____ Signature of spouse claiming more than one-half (1/2) of total personal exemption</p>	<p><u>10-18-2006</u> Date</p>
<p>▶ _____ Signature of spouse claiming less than one-half (1/2) of total personal exemption</p>	<p><u>10-18-2006</u> Date</p>

For the calendar year 2006, or fiscal year beginning _____ and ending _____.

Attach to your return

NAME(S) AS SHOWN ON FORM 140, 140PY, 140NR, 140X, 120, 120A, 120S, 120X OR 165

TEST O THREE

YOUR SOCIAL SECURITY NO. OR FEDERAL EMPLOYER ID NO.

400-00-7507

Part I Available Credit Carryover

	(a) Credit From Taxable Year	(b) Original Credit Amount	(c) Amount Previously Used	(d) Available Carryover Subtract column (c) from column (b).
1	2001	\$ 10,000	\$ 5,000	\$

- Individuals, enter this amount on Arizona Form 301, Part I, line 17.
- Corporations, including S corporations that elected to take the credit, enter this amount on Arizona Form 300, Part I, line 11.
- If you must complete Part VI, enter zero in column (d).

Part II Credit Recapture for NEVs Used on a Golf Course for Other Than Maintenance Purposes (Applicable to NEVs purchased or leased on or after July 1, 2000.)

- 2 Enter the number of NEVs purchased or leased on or after July 1, 2000, for which a credit was claimed, that were used on a golf course for purposes other than maintenance. Also, complete Form 328-P 2

- 3 Enter the Vehicle Identification Number (VIN) for each NEV purchased on or after July 1, 2000, for which a credit was claimed, that was used on a golf course for other than maintenance purposes 3

- 4 Enter the taxable year in which each NEV was purchased or leased 4

- 5 Enter the amount of credit for which each NEV was eligible 5

- 6 Amount of credit subject to recapture (100%):

Add the amounts on line 5 in each column, and enter the result 6

VEHICLE 1	VEHICLE 2	VEHICLE 3
111787897489	222789787578	
2006	2006	
\$ 1,000	\$ 2,000	\$
3,000		00

Part III Lessor/Lessee Information for Credit Recapture

- 7 Have you entered into a lease agreement for any NEV listed on line 3 that provides that the lessor may share the credit with the lessee? See instructions.

Yes



No



If you answered, "No", skip lines 8 through 14.

If you answered, "Yes", complete lines 8 through 14.

- 8 Is this form being completed by the lessor or the lessee? Check the applicable box

Lessor



Lessee



If this form is being completed by the lessor and you have entered into lease agreements with multiple lessees for NEVs listed on line 3, complete a separate schedule for each lease that shows the information requested on lines 9 through 14 below. Attach these schedules to Form 328 when you file your return.

- 9 Name of lessor: _____

- 10 Lessor's TIN: _____

- 11 Lessor's share of the amount of credit recapture on Part II, line 6 11

- 12 Name of lessee: Joe Smith

- 13 Lessee's TIN: 83-3999990

- 14 Lessee's share of the amount of credit recapture on Part II, line 6 14

1,000 00

Continued on page 2 ►

Part IV S Corporation Shareholder Information for Credit Recapture

15 If the credit was passed through from an S corporation to its shareholders, the S corporation must complete lines 15a through 15c separately for each shareholder.

15a Name of shareholder: _____

15b Shareholder's TIN: _____

15c Shareholder's share of the amount on Part II, line 6, or Part III, line 11 (if the S corporation is a lessor), or Part III, line 14 (if the S corporation is a lessee)15c00

Part V Partnership Partner Information for Credit Recapture

16 If the credit was passed through from a partnership to its partners, the partnership must complete lines 16a through 16c separately for each partner.

16a Name of partner: _____

16b Partner's TIN: _____

16c Partner's share of the amount on Part II, line 6; or Part III, line 11 (if the partnership is a lessor); or Part III, line 14 (if the partnership is a lessee)16c00

Part VI All Taxpayers Subject to the Recapture

17 Enter the amount of the credit to be recaptured171,00000

- Individuals, corporations, and S corporations, enter the amount from Part II, line 6; or if a lessor, enter the amount from Part III, line 11; or if a lessee, enter the amount from Part III, line 14.
- S corporation shareholders, enter the amount from Part IV, line 15c.
- Partners of a partnership, enter the amount from Part V, line 16c.

18 Enter the amount of credit from line 17 previously claimed181,80000

19 If the amount on line 18 is less than the amount on line 17, enter the amount on line 18, otherwise, enter the amount on line 17191,00000

- Individuals, also enter this amount on Form 301, Part II, line 28.
- Corporations, including S corporations that elected to claim the credit, also enter this amount on Form 300, Part II, line 21.

00 - 561332 - 07525 - 7

FOR DOR USE ONLY. DO NOT WRITE OR STAPLE IN THIS SPACE.

ARIZONA FORM
AZ-8453**Arizona Individual Income Tax Declaration**
for Electronic Filing**2006**

For the year January 1 through December 31, 2006.

PLEASE PRINT OR TYPE.

YOUR FIRST NAME AND INITIAL TEST O	LAST NAME THREE	YOUR SOCIAL SECURITY NO. 400-00-7507
IF A JOINT RETURN, SPOUSE'S FIRST NAME AND INITIAL	LAST NAME	SPOUSE'S SOCIAL SECURITY NO.

PRESENT HOME ADDRESS - NUMBER & STREET, RURAL ROUTE APT. NO. 121 TORCH ST	CITY, TOWN OR POST OFFICE FORT MOHAVE, AZ	STATE 86426	ZIP CODE
---	---	-----------------------	----------

PART I - TAX RETURN INFORMATION

1 Arizona Adjusted Gross Income	1,562,958	00
2 Balance Of Tax	214,143	00
3 Arizona Income Tax Withheld		00
4 Refund		00
5 Amount You Owe	222,633	00

PART II - FINANCIAL INSTITUTION INFORMATION -

Must be present when requesting direct debit or deposit.

TYPE OF ACCOUNT <input type="checkbox"/> Checking <input checked="" type="checkbox"/> Savings	ROUTING NUMBER 1 2 3 4 5 6 7 8 0
ACCOUNT NUMBER 5 5 5 1 2 1 2	
DIRECT DEBIT REQUEST DATE 0 3 3 1 2 0 0 7	DIRECT DEBIT PAYMENT AMOUNT \$ 2 2 2 6 3 3 .00

PART III - DECLARATION OF TAXPAYER - Sign only after completing Part I

- 6a ☐ I consent that my refund be directly deposited as designated in the electronic portion of my 2006 Arizona individual income tax return. If I have filed a joint return, this is an irrevocable appointment of the other spouse as an agent to receive the refund.
- 6b ☐ I do not want direct deposit of my refund or I am not receiving a refund.
- 6c ☒ I authorize the Arizona Department of Revenue (DOR) and its designated Financial Agent to initiate an ACH electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of my Arizona taxes owed on this return. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment.

If I have filed a balance due return, I understand that if DOR does not receive full and timely payment of my tax liability by April 16, 2007, I will remain liable for the tax liability and all applicable interest and penalties. When electronically filing my federal and state tax returns, I understand that if there is an error on my federal return, the electronic portion of my state return will also be rejected.

Under penalties of perjury, I declare that the information I have given my Electronic Return Originator (ERO) or On-Line Service Provider (OLSP) and the amounts in Part I above agree with the amounts on the corresponding lines of the electronic portion of my 2006 Arizona income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. I consent to my ERO or OLSP sending my return and accompanying schedules and statements to DOR, and I consent to my ERO or OLSP sending such information to DOR through a transmitter. I consent to DOR sending my ERO, OLSP and/or transmitter an acknowledgement of receipt of transmission and an indication of whether or not the transmission of my return is accepted, and, if the return is rejected, the reason(s) for the rejection. If the processing of my return or refund is delayed, I authorize DOR to disclose to my ERO, OLSP and/or transmitter the reason(s) for the delay, or when the refund was sent. If DOR contacts my ERO for a copy of my return, any attachments or schedules to my return, and/or this executed Form AZ-8453, I authorize my ERO to release copies of the requested documents to DOR.

Sign Here	10-18-2006	
YOUR SIGNATURE	DATE	SPOUSE'S SIGNATURE (If joint return, both must sign.)
		DATE

PART IV - DECLARATION OF ELECTRONIC RETURN ORIGINATOR (ERO) AND PAID PREPARER (See instructions)

I declare that I have reviewed the above taxpayer's return and that the entries on Form AZ-8453 are complete and correct to the best of my knowledge. The taxpayer will have signed this form before I submit the return. I will give the taxpayer a copy of all forms and information to be filed with the Arizona Department of Revenue a copy of this Form AZ-8453. If I am also the paid preparer, under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

ERO Use Only	10-18-2006	CHECK IF PAID PREPARER <input type="checkbox"/>	CHECK IF SELF-EMPLOYED <input type="checkbox"/>
	SIGNATURE OF ERO	DATE	SSN or PTIN
	DRAKE INCOME TAX		56-1494243
	FIRM'S NAME (or yours if self-employed)	235 PALMER STREET	EIN
	FRANKLIN, NC 28734-1234	828-888-8888	
	FIRM'S ADDRESS (include zip code)	TELEPHONE NO. (with area code)	

Under penalties of perjury, I declare that I have examined the above taxpayer's return and accompanying schedules and statements, and to the best of my knowledge and belief, they are true, correct, and complete. This declaration is based on all information of which I have any knowledge.

Paid Preparer's Use Only	10-18-2006	CHECK IF SELF-EMPLOYED <input type="checkbox"/>
	PREPARER'S SIGNATURE	DATE
	FIRM'S NAME (or yours if self-employed)	SSN or PTIN
	FIRM'S ADDRESS (include zip code)	EIN
		TELEPHONE NO. (with area code)

*******KEEP FOR YOUR RECORDS*******

Credit Carryover Worksheet

Keep this worksheet with your records. Use this information to complete your 2007 credit forms that you will file in 2008.

<p align="center">(a) Credit Type</p> <p>On the lines below, enter the types of credits available to you for 2006.</p>		<p align="center">(b) Carryover?</p> <p>May the unused credit for the type of credit entered in column (a) be carried forward? (See the applicable credit form for information about a specific credit.) Check either yes or no. if the answer is no, do not complete columns (c) through (e) for that line.</p>		<p align="center">(c) 2006 Credit</p> <p>On the lines below, enter the amount of each credit available to you for 2006. Take these amounts from Form 301, lines 1 through 22 or Form 300, lines 1 through 17.</p>	<p align="center">(d) Credit used for 2006</p> <p>On the lines below, enter the amount of each credit used for 2006. Take these amounts from Form 301, lines 35 through 56 or Form 300, lines 28 through 44.</p>	<p align="center">(e) Carryover to 2007</p> <p>For each line on which you have entered an amount, subtract the amount in column (d) from the amount in column (c). This is the amount of each credit that you may carryover to 2007, providing the credit carryover may be carried to 2007. Use this figure when completing the appropriate 2007 credit form.</p>
		YES	NO			
1.	305	X		2,000	2,000	
2.	310	X		375	375	
3.	321	X		500	500	
4.	322	X		200	200	
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						

*****KEEP FOR YOUR RECORDS*****

Clean Elections Fund Tax Reduction Worksheet

You may designate \$5 of your tax go to the Clean Elections Fund and may also reduce your tax by up to \$5. If you are married filing a joint return, both you and your spouse may make this designation and also reduce your tax by up to \$10.

NOTE: Amounts designated to the Clean Elections Fund Tax Reduction do not qualify for the Clean Elections Fund Tax Credit.

1. Enter the amount of tax from Form 140
line 22, Form 140NR line 25, or Form 140PY
line 25. 1. 217,223
2. If you checked the box for yourself, enter \$5.
If a joint return and your spouse also checked
the box for spouse, enter \$10. 2. 5
3. Balance of tax eligible for tax reduction.
Subtract line 2 from line 1. If less than
zero, enter zero "0". 3. 217,218
4. If you checked the box for yourself, enter \$5.
If a joint return and your spouse also checked the
box for spouse, enter \$10. 4. 5
5. Tax reduction. Enter the lesser of line 3
or line 4. Also enter this amount on Form
140, line 24, Form 140NR line 27, or Form
140PY line 27. 5. 5

2006 Arizona Statement 1

Additional Dependents and Qualifying Parent/Ancestors

400-00-7507

	FIRST AND LAST NAME	SSN	RELATIONSHIP	No. of Months Lived in Your Home in
Dependent 7				
Dependent 8				
Dependent 9				
Dependent 10				
Dependent 11				
Dependent 12				
Dependent 13				
Dependent 14				
Dependent 15				
Dependent 16				
Dependent 17				
Parent/Ancestor 1				
Parent/Ancestor 2				
Parent/Ancestor 3				
Parent/Ancestor 4				

Other Additions/Other Subtractions Listing

	Description	Amount
Other Additions 1		
Other Additions 2		
Other Additions 3		
Total Other Additions		
Other Subtractions 1		
Other Subtractions 2		
Other Subtractions 3	, Comm Prop Adj	4,580,659
Total Other Subtractions		4,580,659



VOID



CORRECTED

PAYER'S name, street address, city, state, and ZIP code THE EMPLOYEEER THE ROAD WAYNESVILLE NC 28786		1 Gross distribution \$ 10,000 2a Taxable amount \$ 10,000		OMB No. 1545-0119 2006 Form 1099-R		Distributions From Pensions, Annuities, Retirement or Profit-Sharing Plans, IRAs, Insurance Contracts, etc. Copy A For Internal Revenue Service Center File with Form 1096. For Privacy Act and Paperwork Reduction Act Notice, see the 2006 General Instructions for Forms 1099, 1098, 5498, and W-2G.
PAYER'S federal identification number 11-1222333	RECIPIENT'S identification number 400-00-7507	3 Capital gain (included in box 2a) \$		4 Federal income tax withheld \$		
RECIPIENT'S name TEST O THREE Street address (including apt. no.) 121 TORCH ST City, state, and ZIP code FORT MOHAVE AZ 86426		5 Employee contributions /Designated Roth contributions or insurance premiums/ \$		6 Net unrealized appreciation in employer's securities \$		
		7 Distribution Code 7	IRA/SEP/SIMPLE <input type="checkbox"/>	8 Other \$ %		
		9a Your percentage of total distribution %		9b Total employee contributions \$		
1st year of desig. Roth contrib.		10 State tax withheld \$		11 State/Payer's state no. AZ		
Account number (see instructions)		13 Local tax withheld \$		14 Name of locality		12 State distribution \$ 10,000
		\$				\$
		\$				\$
		\$				\$

Form **1099-R**

Department of the Treasury - Internal Revenue Service

Do Not Cut or Separate Forms on This Page — Do Not Cut or Separate Forms on This Page

**Community Property State Married Filing
Separate Allocation Worksheet**
(Keep for your records)

2006

Name(s) as shown on return

Your social security number

TEST O THREE

400-00-7507

	Total	Taxpayer	Spouse
1. Wages	<u>9,500</u>	<u>8,500</u>	<u>1,000</u>
2. Interest	<u>32,982</u>	<u>32,482</u>	<u>500</u>
3. Dividends	<u>16,566</u>	<u>16,166</u>	<u>400</u>
4. State income tax refund			
5. Capital gains	<u>9,085,020</u>	<u>9,084,670</u>	<u>350</u>
6. Pension income	<u>11,000</u>	<u>10,000</u>	<u>1,000</u>
7. Total rents, royalties, partnership, estates, and trusts			
8. Other income	<u>12,750</u>	<u>12,750</u>	
9. Total income	<u>9,167,818</u>	<u>9,164,568</u>	<u>3,250</u>
10. Total payments	<u>1,100</u>	<u>1,000</u>	<u>100</u>